



Referral Form: Discrimination, Harassment, Gender-Based Misconduct

Your Full Name _____ Position/Title (if any) _____

Phone # _____ Email _____

Reason for this referral (Required) _____

Select your role _____

Date of Occurrence (if known—Required) _____ Time of Incident _____

Location of Occurrence (Required) _____

OR Other _____

Involved Parties/Witnesses

Name of Individual or Organization _____

Gender _____

Phone # _____ Email _____

Name of Individual or Organization _____

Gender _____

Phone # _____ Email _____

Narrative Information/Notifications

Please provide a narrative of the incident. Be sure to provide as much information as possible about the incident
(Required)

Please indicate other departments that have been notified (Optional)

Rape Crisis/Anti-Violence Support Center

Counseling/Advising Office

Campus Security

Other _____

Supporting Documentation

Attachments must be send as Microsoft Word or Adobe PDF files. 1GB maximum total size. Attachments required time to upload, so please be patient after submitting this form.

Referrer Affiliation

Are you, the referrer, a student, faculty, or staff member? Yes No